

U.S. Department of Justice
 United States Marshals Service


PROCESS RECEIPT AND RETURN

| | | |
|--|--|--|
| PLAINTIFF Robert Shah | | COURT CASE NUMBER CA-04-0259 Erie |
| DEFENDANT Charles "Todd" Montgomery Ass. Hospital Administrator | | TYPE OF PROCESS Civil Action |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| SERVE AT | FCT McKean, P.O. Box 8000, Bradford, Pa | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | Number of process to be served with this Form 285 1 |
| Robert Shah 15380 Monica Detroit, Mi 48238 | | Number of parties to be served in this case 9 |
| | | Check for service on U.S.A. |


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

| | | | |
|--|---|----------------------------------|-----------------|
| Signature of Attorney or other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 313-345-1222 | DATE 4-15-05 |
|--|---|----------------------------------|-----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--------------------|-----------------------------|----------------------------|---|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No 68 | District to Serve No 68 | Signature of Authorized USMS Deputy or Clerk  | Date |
|---|--------------------|-----------------------------|----------------------------|---|------|

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the or the individual, company, corporation, etc. shown at the address inserted below.

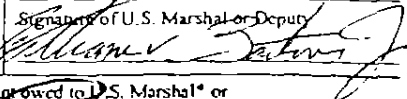
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
4/13/06
Time
11:35
☒ am
☐ pm

Signature of U.S. Marshal or Deputy


| | | | | | |
|-----------------------|--|------------------------|-------------------------|------------------|---|
| Service Fee 225.00 | Total Mileage Charges including endeavors 62.00 | Forwarding Fee 8.00 | Total Charges 295.00 | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) 295.00 |
|-----------------------|--|------------------------|-------------------------|------------------|---|

REMARKS: TO ERRE 7-12-05

4/20/05

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED